

FORM 5A Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 100185 4. Contact Name: Kelly Hamden
2. Name of Operator: ENCANA OIL & GAS (USA) INC Phone: (720) 876-5185
3. Address: 370 17TH ST STE 1700 City: DENVER State: CO Zip: 80202- Fax: (720) 876-6185

5. API Number 05-123-36774-00 6. County: WELD
7. Well Name: IONE Well Number: 1B-10H
8. Location: QtrQtr: NWNE Section: 10 Township: 2N Range: 66W Meridian: 6
9. Field Name: WATTENBERG Field Code: 90750

Completed Interval

FORMATION: NIOBRARA Status: PRODUCING Treatment Type: FRACTURE STIMULATION

Treatment Date: 08/31/2013 End Date: 09/06/2013 Date of First Production this formation: 10/05/2013

Perforations Top: 7722 Bottom: 11639 No. Holes: 846 Hole size: 0.39

Provide a brief summary of the formation treatment: Open Hole: []

Frac with 667 bbls acid, 114115 bbls Slickwater, 114782 bbls Total fluid.

This formation is commingled with another formation: [] Yes [X] No

Total fluid used in treatment (bbl): 114115 Max pressure during treatment (psi): 8502
Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal): 8.30
Type of gas used in treatment: Min frac gradient (psi/ft): 0.89
Total acid used in treatment (bbl): 667 Number of staged intervals: 28
Recycled water used in treatment (bbl): Flowback volume recovered (bbl): 1632
Fresh water used in treatment (bbl): Disposition method for flowback: DISPOSAL
Total proppant used (lbs): 3136390 Rule 805 green completion techniques were utilized: [X]

Reason why green completion not utilized:

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 10/12/2013 Hours: 24 Bbl oil: 303 Mcf Gas: 373 Bbl H2O: 124
Calculated 24 hour rate: Bbl oil: 303 Mcf Gas: 373 Bbl H2O: 124 GOR: 123
Test Method: Flows from well Casing PSI: 2456 Tubing PSI: 1486 Choke Size: 16/64
Gas Disposition: SOLD Gas Type: DRY Btu Gas: 1307 API Gravity Oil: 50
Tubing Size: 2 + 3/8 Tubing Setting Depth: 7403 Tbg setting date: 09/16/2013 Packer Depth:

Reason for Non-Production:

Date formation Abandoned: Squeeze: [] Yes [] No If yes, number of sacks cmt

** Bridge Plug Depth: ** Sacks cement on top: ** Wireline and Cement Job Summary must be attached.

Comment:

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I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.

Signed: _____ Print Name: Kelly Hamden

Title: Permitting Analyst Date: _____ Email: Kelly.Hamden@encana.com
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Attachment Check List

Att Doc Num **Name**

400501767	WELLBORE DIAGRAM
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Total Attach: 1 Files

General Comments

User Group **Comment** **Comment Date**

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Total: 0 comment(s)